

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)::	Yes
Number of copies of CRF::	1
Title::	DERMATOLOGICAL AND/OR COSMETIC COMPOSITION CONTAINING POLYPEPTIDES
Attorney Docket Number::	0591-1010
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CLAUDE  
Middle Name::  
Family Name:: DAL FARRA  
Name Suffix::  
City of Residence:: OPIO  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 30 CHEMIN SAN PEYRE  
Address::  
City of Mailing Address:: OPIO  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: FR-06410

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SYRIAN ARAB REPUBLIC  
Status:: Full Capacity  
Given Name:: NOUHA  
Middle Name::  
Family Name:: DOMLOGE  
Name Suffix::  
City of Residence:: VALBONNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 10 TRAVERSE DU BARRI  
Address::  
City of Mailing Address:: VALBONNE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06560

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-MARIE  
Middle Name::  
Family Name:: BOTTO  
Name Suffix::  
City of Residence:: VALBONNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 1 PASSAGE DU SQUARE  
City of Mailing Address:: VALBONNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: FR-06560

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/003357	12/23/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0401593	2/18/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::